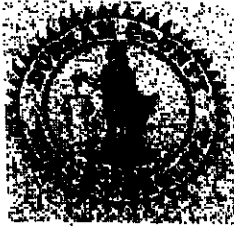


**DURHAM COUNTY
BOARD OF ELECTIONS**



**NOTICE OF CANDIDACY
FOR MAYOR AND CITY
COUNCIL
2005**

TO THE DURHAM COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as City Council,
(Name of Office)

Ward 1, for the City of Durham in the regular Municipal Election to be held on the 8th of November, 2005.

406 N. Queen Street
Residence Address

Joe Williams
Name as it will appear on Ballot

Durham, N.C.
City, State, Zip

Signature of Candidate

27701
Mailing Address

599-7953
Home Telephone

406 N. Queen Street
City, State, Zip

687-4020
Work Telephone

Email Address

Certification of Notice of Candidacy

I hereby certify that JOE Williams, the candidate who signed above, personally appeared
(Name as it will appear on Ballot)
before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This 4 day of Aug, 2005.

Signature of Certifying Officer

Notary - Director
Title of Certifying Officer

My commission expires: May 31, 2006

NOTICE TO CANDIDATES:

All Notices of Candidacy, together with the proper filing fee, must be in the possession of the County Board of Elections by NOON on FRIDAY, August 5, 2005, to be accepted. This does not mean in the mail at that time, and all Notices arriving after that time cannot be accepted. Business, corporate checks or cash are not acceptable.

FILING FEES

Mayor City of Durham\$156.70

City Council Ward I,II,III.....\$122.40

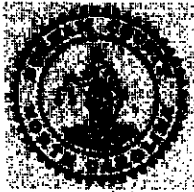
For Office Use Only

M.O 324529
\$122.40
Check Number and Amount

343
Receipt Number

Received by

4 Aug 05
Date Received



**COUNTY OF DURHAM
BOARD OF ELECTIONS**

AFFIDAVIT ATTESTING TO NICKNAME

(G.S. 163-294.2(a))

I, Joseph Williams, having been duly sworn,
(Legal name)

hereby state under oath that I have been commonly known by the nickname,

Joe Williams, for at least five years and request that my name be
placed on the ballot as follows: Joe Williams

In the event that another candidate with the same last name as mine files notice of candidacy for the same
office for which I am a candidate, my name should be listed on the ballot as follows:

Joseph Williams
(Legal name and nickname)

(Signature)

Sworn to and subscribed before me

This 4th day of August, 2005.

Notary Public

My commission expires: May 31, 2006

Statement of Organization - Candidate Committee

Amendment

☐ Yes

☐ No

1. Committee Information			
a. Full Name		c. ID Number	
Committee to Elect Joe Williams			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
406 N. Queen Street		08-0405	
Durham, N.C. 27701		e. Phone Number	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Joe Williams		M P	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
406 N. Queen Street		City Council	1
Durham, N.C. 27701		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Joe Williams			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
406 N. Queen Street			
Durham, N.C.			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
599-7953			
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Code	d. Type

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Joe Williams

Printed Name of Signer

Signature of Appointed Treasurer

08-0405

Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

Joe Williams

Treasurer Name:

Joe Williams

Treasurer Address:

(include city, state, & zip)

Joe Williams 486 N. Queen St.
Durham, N.C. 27701

Treasurer Phone:

599-7953-687-4020

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

8-04-05
Date Signed

[Signature]
Signature of Candidate



North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook
Deputy Director - Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name:

Joe Williams

Treasurer Name:

Joe Williams

Treasurer Address:

406 N. Queen Street

(include city, state, & zip)

Durham, NC 27701

Treasurer Phone:

599-7953 - 687-4020

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

☐ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8-04-05

Date Signed

Signature

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name <u>Committee to Elect Joe Williams</u>		c. ID Number
b. Mailing Address (Include City, State and Zip Code) <u>406 N. Queen Street Durham, N.C. 27701</u>		d. Date Filed <u>08-04-05</u>
		e. Phone Number

2. Report Year <u>2005</u>	3. Period Start Date (mm/dd/yyyy) <u>8-4-05</u>	4. Period End Date (mm/dd/yyyy) <u>8-4-05</u>	5. Treasurer Full Name <u>Joe Williams</u>
-------------------------------	----------------------------------------------------	--------------------------------------------------	-----------------------------------------------

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Referendum		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special

7. Type of Fund (If applicable, check one)	
<input type="checkbox"/> Soft Money Account	
<input type="checkbox"/> "Booster Fund"	
<input type="checkbox"/> Building Fund	
<input type="checkbox"/> NC Political Party Financing Fund	
<input type="checkbox"/> Presidential Election Year Candidates Fund	
<input type="checkbox"/> NC Public Campaign Financing Fund	
<input type="checkbox"/> Other:	

10. Account Information

a. Financial Institution Full Name		10. Account Information	
		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
d. Period Begin Balance		d. Period Begin Balance	
\$ <u>0</u>		\$ <u>0</u>	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Joe Williams
 Printed Name of Signer

Signature of Appointed Treasurer

8-4-05
 Date

FOR OFFICE USE ONLY

Date Received: 8-4-05
 Date Postmarked: _____
 Date Scanned: _____

Employee: _____
 Employee: U
 Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 122.40	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$	\$
11) Other Receipt Sources (CRO-1250)		\$	\$
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
12) "Goods and Services" Contributions (CRO-1260)		\$	\$
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$	\$
EXPENDITURES			
14) Disbursements (CRO-1310)		\$	\$
14a) Operating Expenditures (CRO-1310)		\$ 122.40	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1310)		\$	\$
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$	\$
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 0	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum		\$	\$

CRO-1100

NC State Board of Elections

March 2003

Contributions from Individuals

Page ____ of ____

Amendment
☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)
Committee to Elect Joe William

2. ID Number

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
Joe William
406 N. Queen Street
Durham, N.C. 27701

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Cycle Sum to Date
 \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		Check			\$ 122.40
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Cycle Sum to Date
 \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Cycle Sum to Date
 \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 122.40

Disbursements

Pg ____ of ____

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Ta Williams</i>						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Durham, County Board of Election 1106 W. Corporation</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
						\$	
f. Account Code		g. Form of Payment <i>check</i>		h. Purpose <i>Filing fee</i>		i. Date (mm/dd/yyyy) <i>08-07-03</i>	
						j. Amount <i>122.48</i>	
						\$	
4. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
						\$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	
						j. Amount	
						\$	
4. Payee Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Cycle Sum to Date	
						\$	
f. Account Code		g. Form of Payment		h. Purpose		i. Date (mm/dd/yyyy)	
						j. Amount	
						\$	
5. Total only this Page							
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
CRO-1310						s 122.40	